

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION							
Legal Name:				Organizational Unit:			
Address (give city, county, State, and zip code):				Name and telephone number of person to be contacted on matters involving this application (give area code)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div><input type="text"/><input type="text"/><input type="text"/> — <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div><input type="text"/></div> <div>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</div> <div>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Non-Profit</div>			
8. TYPE OF APPLICATION: <div><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div> <div>If Revision, enter appropriate letter(s) in box(es) <input type="text"/> <input type="text"/></div> <div>A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <div></div></div>				9. NAME OF FEDERAL AGENCY:			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div><input type="text"/><input type="text"/><input type="text"/> — <input type="text"/><input type="text"/><input type="text"/></div> <div>TITLE:</div>				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):							
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:					
Start Date	Ending Date	a. Applicant			b. Project		
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal		\$.00			
b. Applicant		\$.00			
c. State		\$.00			
d. Local		\$.00			
e. Other		\$.00			
f. Program Income		\$.00			
g. TOTAL		\$.00			
				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
				<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Authorized Representative			b. Title		c. Telephone Number		
d. Signature of Authorized Representative				e. Date Signed			

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No.: 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non - Federal (d)	Federal (e)	Non - Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charge (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$

7. Program Income	\$	\$	\$	\$	\$
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